Sanctum Healthcare Limited

3 The Beeches

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

This was the first inspection for this location. We rated it as requires improvement because:

- The service did not have robust governance processes that provided appropriate assurance to managers about the safety and effectiveness of the service.
- There were a number of policies awaiting review or in the process of being reviewed. These had not been updated in line with the change in service model or to reflect the current organisational structures or leadership. It was not always clear about who had certain specific responsibilities within the organisation.
- The service did not have a vision and values underlying the work being undertaken by the service and staff; that would support the consistency of responses and services being provided to patients.
- The service did not have processes for routinely gathering patient and family feedback about the service or their experiences of assessment and treatment.
- The service had not developed outcomes or key performance indicators that they routinely reviewed or reported on, although patient progress was tracked on an individual level.
- Formal supervision records were not being kept and there was no evidence as to how frequently supervision had been taking place. It was not clear how the service was supporting staff with continuous professional development.
- The service did not have appropriate first aid arrangements within the building as per the minimum requirements set out by the Health and Safety Executive in respect of first aid. The service did not have all appropriate health and safety assessments to ensure any risks associated with the building were being managed.

However:

- Patients gave positive feedback about staff and their experiences of the service. Patients felt the staff were responsive. Staff were attentive to patients and families when they contacted the service and responded to patients in a kind and pleasant manner.
- During assessments, Families were being involved in assessments and could provide their input and opinion.
- There was evidence of ongoing review of patients using monitoring tools to review the individual's progress and development.
- The service utilised patient background and feedback as part of the assessment process; gathering information from additional sources where possible.
- The service had begun to develop clinical governance meetings which reflected the beginning of positive change regarding governance. Managers were open and honest about the limitations of the service in this area.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community mental health services for people with a learning disability or autism	Requires Improvement 	We rated the service as requires improvement. See the summary above for details.

Summary of findings

Contents

Summary of this inspection — Page

Background to 3 The Beeches — 5

Information about 3 The Beeches — 5

Our findings from this inspection

Overview of ratings — 8

Our findings by main service — 9

Summary of this inspection

Background to 3 The Beeches

3 The Beeches is a location run by Sanctum Healthcare Limited. It provides a community assessment service for attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD). It offers a treatment package for people who receive a confirmed diagnosis of ADHD or ASD. The service model had changed in early 2022 to focus solely on these pathways. The provider offered their services to people from the ages of 6 and above.

The location was registered with CQC on the 14th March 2022; although the provider had originally been registered with CQC on the 19th February 2019.

The service had a Registered Manager.

The service is registered by the CQC to provide the following registered activities:

- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.

This was the first inspection of the service. During this inspection we inspected all key questions across this core service. This inspection was short notice announced due to the service being based in the community and due to its small size.

What people who use the service say

We spoke with 5 patients who had accessed the service. Patients gave positive feedback about the quality of care and treatment they had received. Patients described staff as kind, caring and responsive to their needs.

We spoke with a patient who had made a complaint to the service. This patient reported they were happy with how their complaint had been dealt with and could see that the service had made changes in response to their complaint.

We also spoke with 2 family members or carers of people using the service. Families were very positive about the service and their interactions with staff.

How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the environment and observed how staff were interacting with patients or people contacting the service;
- spoke with the registered manager;
- spoke with 5 other staff members;
- spoke with 5 patients who were using the service;
- spoke with 2 family members or carers of people who were using the service;
- looked at 14 care and treatment records of patients;
- observed an assessment;

Summary of this inspection

- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure that all policies are reviewed to reflect the current model of the service and provide staff with up-to-date information. The service must establish a process to ensure that policies are reviewed, updated and maintained in a regular and timely manner. (Regulation 17)
- The service must ensure that the vision and values for the service is developed. (Regulation 17)
- The service must ensure the building is appropriately risk assessed and any areas of concern are addressed promptly. (Regulation 15)
- The service must ensure the building has appropriate first aid arrangements and that all staff are aware of this information. (Regulation 15)
- The service must ensure that robust governance processes are established to continually monitor and review all areas of the service and to make improvements where these are identified. The service must ensure a risk register is implemented and reviewed on a regular basis. (Regulation 17)
- The service must ensure an audit programme is developed, and that quality assurance work is taking place on a regular basis. (Regulation 17)
- The service must ensure that supervision for all staff takes place in line with the service's identified requirements and that this is formally documented for each time it takes place. (Regulation 18)

Action the service SHOULD take to improve:

- The service should ensure that a maintenance log is established to monitor any identified maintenance issues that may be pending.
- The service should continue to make improvements to the recording systems to streamline processes and ensure information is recorded clearly.
- The service should ensure a process is established to routinely gather feedback about the experiences of the service from patients and their families or carers.
- The service should ensure that minutes are taken for the regular multi-disciplinary team (MDT) meetings held by the service to provide a clear record of which patients were discussed in the meeting; alongside continuing to record the notes on the patient records.
- The service should consider how staff can raise an alarm if an incident were to occur during a session. The service should ensure a clear process is established regarding this and that all staff are aware of it.
- The service should review the capacity and workloads of staff to ensure that levels are manageable and safe. The service should consider what the maximum number of patients would be for the service to be run at a safe and effective level.
- The service should ensure all patients have a current and up to date risk assessment on their records.

Summary of this inspection

- The service should ensure continuous professional development is undertaken by staff. The service should consider how staff can access additional training and have the time to complete this.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community mental health services for people with a learning disability or autism	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Community mental health services for people with a learning disability or autism

Requires Improvement

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Good
Responsive	Good
Well-led	Requires Improvement

Is the service safe?

Requires Improvement

We rated safe as requires improvement.

Safe and clean environment

All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and generally fit for purpose.

Staff had not completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. The service did not have appropriate first aid arrangements within the building as per the minimum requirements set out by the Health and Safety Executive which would include a suitably stocked first aid kit, an appointed person to take charge of first aid arrangements and that all staff were made aware of first aid arrangements. The service did not have a first aid kit on site or an appointed person to take charge of first aid arrangements. Staff did however receive mandatory training in first aid. The building did not have a health and safety assessment at the time of the inspection, although the registered manager was in the process of arranging this.

The building had a completed fire risk assessment and staff undertook regular fire alarm checks.

The rooms where patients were seen did not have alarms. Staff described that if there was an emergency or incident then other staff in the building would be alerted by a staff message group on their phones. The service did not have a formal process regarding this. Staff were available in the building to respond and there was no lone working.

The building was clean, well maintained, well-furnished and generally fit for purpose. Patients would only attend the building for scheduled appointments which meant staff would be aware and prepared for their arrival. There was limited space in the building which meant the service had to consider how this was being used appropriately depending on their needs.

The service did not have a dedicated clinic room although staff had access to equipment to assist with routine physical health monitoring.

The service did not have a maintenance log to support managers with monitoring and recording any identified or outstanding issues within the service.

Community mental health services for people with a learning disability or autism

Requires Improvement

Safe staffing

The service had enough staff, who knew the patients and received basic training to keep them safe from avoidable harm, although the nurse practitioners were under pressure to balance clinical duties alongside governance work.

Nursing staff

The service had a small staff team which included 2 nurse practitioners.

The service had low vacancy rates. At the time of the inspection, the service had no formal vacancies. Management was considering the current levels of resources within the service to assist with the demands on capacity.

Managers made arrangements to cover staff sickness and absence. Managers would ensure that cover was in place for sickness and absence, although this could be pressured due to the small size of the staff team.

The service did not use bank and agency staff at the time of the inspection.

The service had reducing turnover rates. Managers noted turnover had previously been an issue but the service now had a stable staff team.

Managers supported staff who needed time off for ill health. Managers described how they would support staff when they were absent from work due to ill health.

Sickness levels were low. There were no staff on long term sick at the time of the inspection.

The manager noted the service had an overall caseload of approximately 600 at the time of the inspection which was high. They advised patients were considered the top priority in the service and would ensure that any issues or queries would be dealt with quickly. The registered manager was one of the nurse practitioners and they noted that, due to the caseload size, this had impacted on their ability to undertake duties as a registered manager and in terms of the governance of the service. It was identified that some additional staff would benefit the service in terms of managing capacity and ensuring staff could undertake all their required duties. Staff stated the workload was manageable at the time of the inspection but raised concerns if the caseloads continued to increase without an increase in resource.

Medical staff

The service had enough medical staff. It had 1 permanent consultant psychiatrist. An additional psychiatrist worked with the service on an ad-hoc basis to support with assessments.

The service had not used locums as of the time of the inspection.

The service could get support from a psychiatrist quickly when they needed to.

Mandatory training

Staff completed and kept up-to-date with their mandatory training. The service had a set programme of mandatory training for staff. The compliance rates were generally good. The mandatory training programme was comprehensive and met the needs of patients and staff. The training programme included areas such as safeguarding for adults and children, basic life support, fire safety, infection control and health and safety.

Managers monitored mandatory training and alerted staff when they needed to update their training. The manager undertook a quarterly audit of mandatory training and identified specific actions for any staff member who was below the required provider compliance rate of 85%.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves. Staff followed personal safety protocols although these were not formally established.

Assessment of patient risk

Staff completed risk assessments for each patient during the assessment process. We reviewed 14 patient records. In 2 of the records reviewed there was no risk assessment present. The remaining records all had a risk assessment available, although the risk assessments were just reviewed as a scoring system and did not include any written background or information in the records we reviewed. Staff confirmed that the risk assessment would be undertaken as part of the assessment process.

Management of patient risk

The service had a process for patients to raise any queries or issues with them, which staff would then respond to as appropriate.

Staff followed informal personal safety protocols, including for lone working. The provider had a lone worker policy which had been due for review in July. Staff did not raise any concerns about their personal safety in the service.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had a safeguarding lead who was an experienced practitioner. The safeguarding policy was in the process of being reviewed at the time of the inspection.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up-to-date with their safeguarding training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff were aware of how to escalate safeguarding concerns and factors they may need to consider in relation to this.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had one safeguarding case which had been considered in the 12 months prior to the inspection. Staff explained the actions that had been taken to manage this case.

Staff access to essential information

Staff kept records of patients' care and treatment.

Patient notes were comprehensive, and all staff could access them easily. The service used electronic records that staff could access as required. Records were stored securely.

Community mental health services for people with a learning disability or autism

Requires Improvement

Medicines management

The service used systems and processes to safely prescribe and record medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe medicines.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. The service monitored medication and held reviews of patients. Repeat prescriptions would not be authorised if a review had not taken place within a 2-month period or if physical health observations were not provided on time. Patients and carers received advice about medication during the assessment and could contact the service with any queries if they went on a treatment plan.

Staff completed records accurately and kept them up to date.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance. The service took physical health observations on the patient's attendance at the appointment and would require an ECG to have taken place prior to prescribing medication. The service requested physical observations for each patient for each of their reviews. We saw that physical health observations were well documented in the clinical notes in the records we reviewed and there was regular monitoring of these.

The service did not store any medications on site as the service would only prescribe medication for patients in line with their treatment plans.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong.

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. The service had not had any incidents in the 12 months prior to the inspection. The service had no never events.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The service had no incidents that had met the threshold for the duty of candour.

Managers advised that if an incident happened then this would trigger a debrief and staff would be supported after any serious incident.

Managers described how incidents would be managed and the process they would follow in this situation, including how patients and their families would be involved in these investigations. Managers said feedback from incidents would be shared and discussed as a service to consider any improvements that could be made to patient care.

Community mental health services for people with a learning disability or autism

Requires Improvement

Is the service effective?

Requires Improvement

We rated effective as requires improvement.

Assessment of needs and planning of care

Staff undertook functional assessments when assessing the needs of patients who would benefit. They worked with patients and with families and carers.

Staff completed a comprehensive mental health assessment of each patient. Patients would access the service initially to receive an assessment and diagnosis. The process for assessment was robust and considered the patient's background.

Staff made sure patients had a physical health check and knew about any physical health problems.

Following the assessment process and having received a diagnosis, the provider would offer the patient a treatment plan which they could choose to accept. Due to the type of service offered, these were not individualised or written as formal care plans.

Best practice in treatment and care

The service had changed its clinical model in early 2022 where they moved the focus away from the previous model of working with a small client group around addiction services and building an MDT around a client; instead focusing on the ADHD assessment and treatment aspect.

The service accepted patients both under and over the age of 18. Managers noted the service was fulfilling an unmet need for patients facing significant waits for ADHD assessments on the NHS. The patients would pay for the initial assessment and diagnosis; they would then be offered a treatment package of medication over a 6-month period. This was required as part of the shared care arrangements as GPs required the service to have oversight for 6 months before accepting the patients. Patients were not obligated to accept the treatment plan following their initial assessment and diagnosis.

The service gave information to signpost patients and families to additional resources such as psychologists or therapists if they wished to explore other treatment options. The service did not make specific referrals on behalf of the patients but would signpost to them if they wished to make their own enquiries about other or additional treatment options.

Staff made sure patients had support for their physical health needs, either from their GP or community services. There was evidence of physical health recording in the patient records that we reviewed.

Staff supported patients to live healthier lives by supporting them to take part in programmes or giving advice. The service routinely provided internet links to patients directing them to external resources and information about living with ADHD, along with useful tools they may wish to implement for themselves.

Staff used recognised rating scales to assess and record the severity of patient's conditions and care and treatment outcomes.

Staff used technology to support patients. The service utilised technology to improve the patient experience. The service provided information to patients and their families via email. Patients accessed testing for the service online which enabled them to complete these processes in their own time and when it suited them. The service offered video appointments for those patients that could not attend the service in person.

The service did not have a robust programme of clinical audits, benchmarking and quality improvement initiatives. The service reviewed patient progress on an individual basis but did not consider this as a formal audit process for the service as a whole.

Skilled staff to deliver care.

Managers made sure that staff had the range of skills needed to provide care, although they did not always support staff with appraisals and supervision. Managers provided an induction programme for new staff.

At the time of the inspection, the service had 1 consultant psychiatrist and 2 experienced nurse practitioners, 1 who focused on over-18 clients and 1 for under-18. There were also 3 administration staff employed by the service. An additional psychiatrist worked with the service on an ad-hoc basis to support with assessments. The service undertook the assessment and diagnosis of patients and would then provide patients with a treatment plan which they could choose to accept. The treatment plans involved the prescription of medication and ongoing monitoring of this for 6 months before the patients would be transferred to their GP under a shared care agreement. During this 6-month period the service would manage and respond to any queries or issues patients may have with their medication. Although the staff team was quite small, they were able to manage the clinical aspects of the service at the time of the inspection.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care.

Managers gave each new member of staff a full induction to the service before they started work. Managers described how staff would be supported when starting work within the service. The service had implemented a human resources computer package which supported this process.

Managers did not support staff through regular, constructive appraisals of their work. The service did not have any formal appraisals at the time of the inspection, although a number of staff had not been in the service for less than 12 months.

Managers did not support staff through regular, constructive supervision of their work. The service did not have formal supervision logs or records aside from being recorded in individual calendars. The manager noted that formal supervision had been inconsistent, however, due to the small size of the team, identified that a lot of informal supervision and conversations took place. Staff we spoke to felt supported and that they could speak with the manager at any stage. Staff confirmed following the on-site inspection that supervision had begun to take place.

Managers made sure staff attended regular team meetings or gave information from those they could not attend.

Managers identified any training needs staff had and gave them the time and opportunity to develop their skills and knowledge. The manager had recently identified some additional training courses for the administration staff to support their knowledge when they had conversations with patients and families. These courses had been allocated to the administration staff but had not yet started.

The service did not support the two registered nurses with their continuous professional development at the time of the inspection. The 2 nurses identified that this would be beneficial for the service to implement.

Community mental health services for people with a learning disability or autism

Requires Improvement

Managers recognised poor performance, could identify the reasons and dealt with these. Managers described how they would monitor and review performance and the actions they would take if poor performance was identified.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The team would work to establish effective working relationships with relevant services outside the organisation as appropriate.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. The service held two meetings a week to discuss any patients of concern or where they had identified issues. The minutes of these meetings were not recorded, although notes were recorded in patient records for those who were discussed. This made it difficult to establish which patients had been discussed as part of these meetings.

The service would query during the assessment process if any other agencies or teams were involved with the patient. The service would make attempts to liaise with the agencies as necessary and appropriate.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. Staff worked with the patient's support network to ensure best interest decisions were made when relevant.

Staff we spoke to had an understanding of the Mental Capacity Act relevant to their role. They could tell us the main principles and how they would assess this when meeting with patients to be sure they were able to give informed consent.

The service had a policy on the Mental Capacity Act, although the review date for it was July 2022 and it had not yet been reviewed.

Staff knew where to get accurate advice on Mental Capacity Act.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff understood how to support children under 16 wishing to make their own decisions and applied the Gillick competency principles when necessary.

Staff knew how to apply the Mental Capacity Act to patients aged 16 and 18 and where to get information and support on this.

Is the service caring?

Good

We rated caring as good.

Community mental health services for people with a learning disability or autism

Requires Improvement

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. Patients and families gave positive feedback about interactions with staff and the service. Patients that we spoke to were satisfied with the service they had been provided with. Patients said staff treated them well and behaved kindly.

Staff gave patients help and advice when they needed it, within the remit of the service. The service had a process for patients to raise queries with them, which staff would then respond to as appropriate. Staff noted that expectations around this sometimes needed to be managed. Patients we spoke with confirmed they could raise any queries or questions with the service and felt they were responded to in a timely and appropriate manner.

Staff used appropriate communication methods to support patients to understand and manage their own care, treatment or condition. The treatment plans on offer to patients were discussed with patients before they decided if they wished to proceed with one. The service provided documentation electronically. Patients could raise queries with the service electronically and over the telephone.

Staff directed patients to other services. The service gave information to signpost patients and families to additional resources such as psychologists or therapists if they wished to explore other treatment options.

Staff understood and respected the individual needs of each patient. Patients felt that staff treated them as individuals and described the service as having a personal feel.

Staff felt they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients and staff. Staff confirmed they would raise any concerns if they identified them.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff informed and involved patients, families and carers appropriately.

Involvement of patients

Staff involved patients and gave them access to their care plans. Patients received a copy of the treatment plan prior to them deciding to accept it, along with further communication when they confirmed they wished to accept treatment from the service. Patients we spoke with confirmed they had been informed about treatment options and had the choice of what treatment they wished to accept if any.

Staff made sure patients understood their care and treatment. The consultant psychiatrist would discuss care and treatment including options for patients as part of the assessment outcome. Patients were not obligated to accept a treatment plan upon completion of the assessment process and a formal diagnosis being given. The service routinely provided internet links to patients directing them to external resources and information about living with ADHD, along with useful tools they may wish to implement for themselves.

Community mental health services for people with a learning disability or autism

Requires Improvement

Staff noted there could be some challenges with patients and families not understanding the specific remit of the service that was on offer to them, which required some management of expectations. Staff said, where queries or concerns were raised, they would book calls with the appropriate member of staff as soon as this could be facilitated. The provider was continuing to review and update the wording of documentation to make this clearer for patients.

Staff did not routinely involve patients in decisions about the service, although this was due to the nature of the service being provided.

Patients could give feedback on the service and their treatment and staff supported them to do this. The service encouraged patients to give feedback using online reviews and a link to this was provided in the service's email templates. The service did not however have a service specific process or method for formally gathering patient feedback on the service or their experiences of the care and treatment provided. The manager advised the service had a feedback form which they identified needed further development. We did not see evidence this was being routinely shared with patients at the time of the inspection.

Involvement of families and carers

Staff supported, informed and involved families or carers. They involved families and carers during the assessments and gave them the opportunity to give their input and opinions.

Staff did not help families to give feedback on the service. The service did not have a service specific process for routinely gathering family or carer feedback. The service encouraged feedback via online reviews.

Is the service responsive?

Good

We rated responsive as good.

Access and waiting times.

The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care. Staff followed up patients who missed appointments.

The service did not have a specific criteria to describe which patients they would offer services to. There were therefore no limitations on which patients could go through the assessment process. The manager said if issues were identified through the assessment process, then this would be reviewed and considered on a case-by-case basis.

The service did not have formal target times for referral to assessment and assessment to treatment. The manager noted the service would generally aim for the first appointment within a couple of weeks and the second appointment within 6 weeks, although this was ideally targeted for within 4 weeks. The service did not record specific figures in respect of the waiting times for patients. Patients we spoke with gave positive feedback about being able to access the service in a quick and timely manner.

Staff tried to contact people who did not attend appointments and offer support.

Patients had some flexibility and choice in the appointment times available.

Staff worked hard to avoid cancelling appointments and when they had to, they gave patients clear explanations and offered new appointments as soon as possible.

Appointments ran on time and staff informed patients when they did not.

The facilities promote comfort, dignity and privacy.

The design, layout, and furnishings of treatment rooms generally supported patients' treatment, privacy and dignity.

The service was based in small building across three floors. There was limited space although the service attempted to manage this as best, they could. Patients and their families would attend the service for set appointments, so staff could prepare and ensure that the spaces could be utilised effectively.

There was no waiting area in the building. The manager noted that the information provided to patients attending the service made them aware they should not arrive too early due to this reason. Space was limited in the building, and it would be difficult for the service to provide a specific waiting area.

The rooms in the service were not sound proofed but were based on separate floors which assisted in maintaining privacy and confidentiality. The service had a consulting room on the ground floor and on the top floor of the building.

Meeting the needs of all people who use the service.

The service met the needs of all patients – including those with a protected characteristic.

Staff had the skills, or access to people with the skills, to communicate in the way that suited the patient.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. Staff noted that specific adjustments had not been used in the service but described how support and adjustments would be made if required. The building had disabled toilet facilities in the ground floor room meaning that the service could be accessed by patients with a physical disability.

Staff made sure patients could access information on their treatment and the service itself. The service used standard email templates which were sent out at various stages to provide this information. The service was continuing to review and consider if improvements could be made to their documentation.

The service did not routinely provide information and documentation in different languages or formats however, the documentation was all provided electronically.

Managers made sure staff and patients could access interpreters or signers when needed. Managers noted interpreters or signers had not been required in the service. Managers described how these would be accessed if a need was identified for a specific patient.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. The patients and carers we spoke with said they were aware of how to raise a concern or complaint. Patients and carers felt confident to make a complaint if necessary.

Community mental health services for people with a learning disability or autism

Requires Improvement

The service had a policy to support the management of complaints and concerns.

Staff knew how to handle complaints. Staff described how, initially complaints would try to be managed informally and would then be escalated to the registered manager via the formal complaint process if necessary.

Managers investigated complaints and identified themes. The manager had investigated the 1 complaint the service had received in the 12 months prior to the inspection. The service did not routinely identify themes from complaints due to the low number of complaints they had received at that point.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. The service had 1 formal complaint in the last 12 months. We spoke with the patient who had made the complaint, and they were very happy with how their complaint had been managed. They felt that the service had responded to the complaint and had seen changes in the service as a result of their complaint.

The service used compliments to learn, celebrate success and improve the quality of care.

Is the service well-led?

Requires Improvement

We rated well-led as requires improvement.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

The service had a registered manager who was one of the nurse practitioners. The manager was knowledgeable about their role and passionate about delivering a positive service. Staff gave positive feedback about the manager and the support that they offered.

The manager identified that, due to the caseload size, this had impacted on their ability to undertake duties as a registered manager and in terms of the governance of the service. It was identified additional staff would benefit the service in terms of managing capacity and ensuring that staff could undertake all of their required duties.

Vision and strategy

The service did not have a vision and values underlying the work being undertaken by the service and staff at the time of the inspection.

Community mental health services for people with a learning disability or autism

Requires Improvement

Culture

Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff gave positive feedback about the service and the roles they were asked to undertake. The staff team was small, but they described positive working relationships with each other and they felt respected and supported in their roles. Staff noted they would be confident in being able to raise any issues without fear of repercussions.

Staff said there could be pressures on the service if there was any unexpected absence due to the small size of the service and felt that additional staff or support in these times would be beneficial.

Governance

Our findings from the other key questions demonstrated that governance processes did not operate effectively, and that performance and risk were not always managed well.

Governance processes were not established or robust at the time of the inspection.

The service did not routinely consider or record outcomes as a service overall and service specific targets had not been developed for the service to review and report on. The service had limited audits and monitoring of outcomes in the service. The service could provide evidence of monitoring of an individual's process and outcomes; however, there was nothing in place to monitor this as a service or review outcomes and findings.

The service was not routinely engaging in or requesting formal patient and carer feedback. The service monitored feedback via online reviews, an old feedback form which was not routinely shared and via any complaints. The manger had plans to develop the feedback form.

The service did not have a specific limit on the number of patients they would accept. The service lacked formal documentation around processes, structure and target times.

The service had set up clinical governance meetings to begin to address governance issues and action things such as bringing policies up-to-date. The manager advised that, due to the demands of the clinical work, they had not been able to action or address these issues as quickly and effectively as they would wish.

Management of risk, issues and performance

There was no clear quality assurance management and performance framework in place that was integrated across all organisational policies and procedures. Policies and procedures had not been reviewed and updated in line with the change to the model of care and in line with the identified review dates. There were also examples in policies which referred to people that were no longer working in the organisation. This had been identified as an issue within the service however, due to the ongoing clinical duties, staff had not yet had the capacity to undertake these reviews.

The service did not have a risk register in place at the time of the inspection.

Information management

The service utilised electronic systems to record and store patient records. Electronic documentation was shared with patients as part of the assessment process and the service also utilised electronic testing as part of this.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, generally worked well.

Engagement

The service had not updated its website to reflect the model of care it was offering. The manager was aware of this, and the service had plans to address this.

The service encouraged feedback via online reviews which they would review. The service had a feedback form which could be used to gather feedback, but these were not routinely being sent out. The manager said they had plans to review and update this to encourage better engagement with patients and families in gathering feedback.

Learning, continuous improvement and innovation

Staff reflected on the journey of the service and the continuous learning that was ongoing now the service had focused on this model of care. The service was still developing processes and information to suit this new model of care.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The service must ensure the building is appropriately risk assessed and any areas of concern are addressed promptly. The service must ensure the building has appropriate first aid arrangements and that all staff are aware of this information.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service must ensure that all policies are reviewed to reflect the current model of the service and provide staff with up-to-date information. The service must establish a process to ensure that policies are reviewed, updated and maintained in a regular and timely manner. The service must ensure that the vision and values for the service is developed. The service must ensure that robust governance processes are established to continually monitor and review all areas of the service and to make improvements where these are identified. The service must ensure a risk register is implemented and reviewed on a regular basis. The service must ensure an audit programme is developed, and that quality assurance work is taking place on a regular basis.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service must ensure that supervision for all staff takes place in line with the service's identified requirements and that this is formally documented for each time it takes place.